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**TRANSMITTAL  
FORM***(to be used for all correspondence after initial filing)*

|                        |                    |
|------------------------|--------------------|
| Application Number     | 10/758,155         |
| Filing Date            | January 12, 2004   |
| First Named Inventor   | James McSwiggen    |
| Art Unit               | 1635               |
| Examiner Name          | Bowman, Amy H.     |
| Attorney Docket Number | 02-742-N (400/141) |

**ENCLOSURES** (Check all that apply)

- |   |  |   |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please Identify<br>below):<br>Sequence Listing;<br>Request for Continued<br>Examination (RCE) |
|---|--|---|

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |  |          |        |
|--------------|--|----------|--------|
| Firm Name    | McDonnell Boehnen Hulbert & Berghoff LLP |          |        |
| Signature    | /Anita J. Terpstra/                      |          |        |
| Printed name | Anita J. Terpstra                        |          |        |
| Date         | June 18, 2007                            | Reg. No. | 47,132 |

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| Signature             | /Anita J. Terpstra/ |      |               |
| Typed or printed name | Anita J. Terpstra   | Date | June 18, 2007 |

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